

| PORTION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | ELH | | 04-24-01 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | ET | 926 | 06-14-01 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1 | ✓ | 03 | |
| 2 | 0 | | |
| 3 | 0 | | |
| 4 | 0 | | |
| 5 | ✓ | | |
| 6 | 0 | | |
| 7 | 0 | | |
| 8 | ✓ | | |
| 9 | ✓ | | |
| 10 | 0 | | |
| 11 | ✓ | | |
| 12 | 0 | | |
| 13 | ✓ | | |
| 14 | ✓ | | |
| 15 | 0 | | |
| 16 | 0 | | |
| 17 | 0 | | |
| 18 | 0 | | |
| 19 | 0 | | |
| 20 | 0 | | |
| 21 | 0 | | |
| 22 | 0 | | |
| 23 | ✓ | | |
| 24 | ✓ | | |
| 25 | ✓ | | |
| 26 | ✓ | | |
| 27 | 0 | | |
| 28 | 0 | | |
| 29 | ✓ | | |
| 30 | 0 | | |
| 31 | 0 | | |
| 32 | 0 | | |
| 33 | ✓ | | |
| 34 | 0 | | |
| 35 | ✓ | | |
| 36 | 0 | | |
| 37 | ✓ | | |
| 38 | ✓ | | |
| 39 | ✓ | | |
| 40 | ✓ | | |
| 41 | ✓ | | |
| 42 | ✓ | | |
| 43 | ✓ | | |
| 44 | 0 | | |
| 45 | 0 | | |
| 46 | 0 | | |
| 47 | 0 | | |
| 48 | 0 | | |
| 49 | 0 | | |
| 50 | 0 | | |

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 51 | 0 | 03 | |
| 52 | 0 | | |
| 53 | 0 | | |
| 54 | 0 | | |
| 55 | 0 | | |
| 56 | 0 | | |
| 57 | 0 | | |
| 58 | 0 | | |
| 59 | 0 | | |
| 60 | 0 | | |
| 61 | 0 | | |
| 62 | 0 | | |
| 63 | 0 | | |
| 64 | 0 | | |
| 65 | 0 | | |
| 66 | 0 | | |
| 67 | 0 | | |
| 68 | 0 | | |
| 69 | 0 | | |
| 70 | 0 | | |
| 71 | 0 | | |
| 72 | 0 | | |
| 73 | 0 | | |
| 74 | 0 | | |
| 75 | 0 | | |
| 76 | 0 | | |
| 77 | 0 | | |
| 78 | 0 | | |
| 79 | 0 | | |
| 80 | 0 | | |
| 81 | 0 | | |
| 82 | 0 | | |
| 83 | 0 | | |
| 84 | 0 | | |
| 85 | 0 | | |
| 86 | 0 | | |
| 87 | 0 | | |
| 88 | 0 | | |
| 89 | 0 | | |
| 90 | 0 | | |
| 91 | 0 | | |
| 92 | 0 | | |
| 93 | 0 | | |
| 94 | 0 | | |
| 95 | 0 | | |
| 96 | 0 | | |
| 97 | 0 | | |
| 98 | 0 | | |
| 99 | 0 | | |
| 100 | 0 | | |

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 101 | 0 | | |
| 102 | 0 | | |
| 103 | 0 | | |
| 104 | 0 | | |
| 105 | 0 | | |
| 106 | 0 | | |
| 107 | 0 | | |
| 108 | 0 | | |
| 109 | 0 | | |
| 110 | 0 | | |
| 111 | 0 | | |
| 112 | 0 | | |
| 113 | 0 | | |
| 114 | 0 | | |
| 115 | 0 | | |
| 116 | 0 | | |
| 117 | 0 | | |
| 118 | 0 | | |
| 119 | 0 | | |
| 120 | 0 | | |
| 121 | 0 | | |
| 122 | 0 | | |
| 123 | 0 | | |
| 124 | 0 | | |
| 125 | 0 | | |
| 126 | 0 | | |
| 127 | 0 | | |
| 128 | 0 | | |
| 129 | 0 | | |
| 130 | 0 | | |
| 131 | 0 | | |
| 132 | 0 | | |
| 133 | 0 | | |
| 134 | 0 | | |
| 135 | 0 | | |
| 136 | 0 | | |
| 137 | 0 | | |
| 138 | 0 | | |
| 139 | 0 | | |
| 140 | 0 | | |
| 141 | 0 | | |
| 142 | 0 | | |
| 143 | 0 | | |
| 144 | 0 | | |
| 145 | 0 | | |
| 146 | 0 | | |
| 147 | 0 | | |
| 148 | 0 | | |
| 149 | 0 | | |
| 150 | 0 | | |

BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)